

PARKS & RECREATION DIVISION

301 Grove Street, Lynchburg, Virginia 24501 Phone: (434) 455-5858 Fax: (434) 528-2794 Web Site: www.lynchburgva.gov/parksandrec

OFFICE USE ONLY
Permit No.
Date Received:
Event Site:
Event Date:
Application Fee (\$25.00)
City staff member x #hours x \$25 =

Name of Applicants		Day Phone No.	
Name of Applicant:		Day Flione No.	
Address:	City		
			Zip Code
Are you a City of Lynchburg Resident? ☐ Yes ☐	□ No	E-Mail Address:	
Is another individual, organization, or business sponsor	oring this act	ivity?	IF YES, THEN COMPLETE INFORMATION BELO
Name of Sponsoring individual, organization, or busin	ness:		
Address:	City	State	Zip Code
Street	City	State	Zip Code
• •			
Day of the Week: ☐ Monday ☐ Tuesday ☐ Wednes Hours of Proposed Activity/Event:	sday □ Th	ursday □ Friday □ Satur	·
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Day of the Week: ☐ Monday ☐ Tuesday ☐ Wednes Hours of Proposed Activity/Event: Site of Proposed Activity: ✓ PLEASE CHECK THE APPROPRIATE BOX BELOW (sday □ Th to (or complete the	ursday	cluding the following entrances:
Day of the Week: ☐ Monday ☐ Tuesday ☐ Wednes Hours of Proposed Activity/Event: Site of Proposed Activity: ✓ PLEASE CHECK THE APPROPRIATE BOX BELOW (Blackwater Creek Athletic Area, at 515 Monticello Ave. Blackwater Creek Natural Area at 515 Monticello Ave. City Armory, at 1219 Main Street (upper level-entrance @ 12th & Church St.)	sday	ursday	cluding the following entrances:
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Is this Event Ope	Event? ☐ Yes ☐ No en to the General Public? ☐ Yes ☐ No be advertised? ☐ Yes ☐ No ✓ IF YES, CHECK BOX PROVIDED		Newspaper Television Radio		Flyers Banners Other	
IMPORTANT NOT	ICE: ALL ADVERTIZED EVENTS THAT TAKE PLACE ON PARKS & RECREATION MAN	NAGED PI	ROPERTIES MUST CLEAR	RLY DEN	NOTE THE NAME OF THE SPONSORING ORGANIZATION	N ON ANY
AND ALL ADVERTIZEMEN	TTS, AND SUCH ADVERTIZEMENTS SHALL CONFORM TO ALL CITY ORDINANCES/PARK	RULES	WHERE APPLICABLE (SU	CH AS B	BANNER AND ZONING POLICIES).	
Please Describe	Your Activity in the Space Provided Below (Attach A	Additi	onal Sheets as	Nece	essary):	
·	red (and read) a copy of Park Rules? Yes	- *	ASE INITIAL NEXT TO BO			
Have you receiv	red (and read) a copy of the Shelter Use Policy? Ye	es	PLEASE IN	IITIAL NI	EXT TO BOX	
Copy of Certific	eate of Insurance (COI) Attached for Activity/Event Sp	ponso	r?			
Copy of Certific	rate of Insurance (COI) Attached for Support Services	? ✓				
Name of Suppor	rt Service Companies/organizations required to Attach	ı COI	(Attach Additi	onal	Information as Necessary)	
NAME	ADDRESS		PHONE N	Ю.	TYPE OF ORGANIZATION	
NAME	ADDRESS		PHONE N	NO.	TYPE OF ORGANIZATION	
**	ort Service Organization/Companies (examples): Food Service (Catvice (Rides, Inflatables), Entertainment (Music, Magician, Pony ric			, Tent	ts, Portable Restrooms Units, Etc.),	
PLEASE REAI	D:					
assume the defer liabilities, judger attorney's fees, of from or sought to any person rising	ersons to whom this permit is issued shall be responsilense of and indemnify and save harmless the City, its ements, costs, causes of action, damages and expenses court costs and other costs incurred in defending such to be recovered from the City, its employees and office g from the applicant's use of the City Park or other City equire such public liability insurance as he/she deems	emplo whet clain ers fo ity Fa	yees, and office ther in law or ec- ns, which may a r reason of dan cilities. The Dir	ers fro quity accru nage to rector	rom and against any and all claims or otherwise, and shall pay all he against, be charged to, be recove to property, personal injury or dea or, with the concurrence of the City	s, rered ath of
	refunds or changes to approved permits must be receil be assessed for providing changes or refunds.	ved 1	0 days in advar	nce of	of the reservation date. A \$10.00	
I hav	re read and understand the above statements. My s	ignat	ure below indi	icates	s I agree to the terms listed.	
	SIGNATURE OF APPLICANT	_			DATE	_

The Lynchburg Parks and Recreation Division complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

FOR OFFICE USE ONLY:			
☐ Permit Granted ☐ Permit Denied	✓IF NO, PLEASE EXPLAIN		
SIGNATURE OF PARKS MANAGER OR REPRES	SENTATIVE		DATE
Comments/Conditions:			
Amount Received: \$			
Mandatory Copies to:			
☐ Facilities Supervisor	☐ Parks Manager		☐ Park Operations Coordinator
Courtesy Copies to:			
☐ Police ☐ Fire Department	☐ Risk Manager	□ Other	
	POST-EVENT COMN	MENTS	
Niver on the con-			DUTE
NAME AND TITLE			DATE

PLEASE RETURN COMMENTS TO THE PARKS & RECREATION DIVISION ATTENTION: PARKS MANAGER. WE WILL USE THESE COMMENTS WHEN EVALUATING FUTURE APPLICATIONS AND POLICY REGARDING APPROPRIATE PARK USE.